| PATENT APPLICATION FEE DETERMINATION RECORD   |  |   |                |  |   |                  |  |                    | Application or Docket Number |            |       |                    |                 |  |  |
|---|--|---|----------------|--|---|------------------|--|--------------------|------------------------------|------------|-------|--------------------|-----------------|--|--|
| -   | Effective October 1, 2003                      |   |                |  |   |                  |  |                    | 10 90893                     |            |       |                    |                 |  |  |
|   |  | CLAIMS                                      |                | S FILED - PART I (Column 1) (Column 2) |   |                  |  | SMALI              | ENT                          | TY         | •     |                    | ER THAN         |  |  |
| ľ   | TOTAL CLAI                                     | MS  |                |  |   |                  | RATI   |                    | FEE                          | OR<br>7    |       | LENTITY            |                 |  |  |
| F   | OR .   |   | NUMB           | ER FILED                               | NUA   | NUMBER EXTRA     |  |                    | FEE +3                       |            | 1_    | RATE<br>BASIC FI   |                 |  |  |
|   | TOTAL CHAR                                     | BEABLE CLAIM!                               | 30             | minus 20=                              | •   |                  |  | XSa                |                              | -13.=      | 1     | X\$ 5              |                 |  |  |
| p   | (DEPENDEN                                      | CLAIMS.                                     | 4              | minus 3 =                              | •   |                  |  | Xio                | <del></del>                  |            | OR    |                    | -               |  |  |
|   | IULTIPLE DEF                                   | PENDENT CLÁIM                               | PRESENT        | RESENT                                 |   |                  |  | ~ 10               | -                            | <u></u>    | OR    | Xzx                |                 |  |  |
| •   | If the differen                                | ice in column 1                             | is less than   | less than zero, enter "0" in column 2  |   |                  |  | + 181              |                              | •          | OR    | +360               |                 |  |  |
| . •   | 1  | CLAIMS AS                                   |                |  | TOTAL   | L                |  | OR                 | TOTAL                        |            |       |                    |                 |  |  |
|   | 2306   | (Column 3)                                  |                | SMAL                                   | L ENT   | ITY              | OR   |                    | R THAN<br>ENTITY             |            |       |                    |                 |  |  |
| ME  |  | CLAIMS<br>REMAINING<br>AFTER                |                | HIGHE<br>NUMB<br>PREVIOU               | ER<br>USLY<br>OR                              | PRESENT<br>EXTRA |  | RATE               |                              | DI-<br>NAL |       | RATE               | ADDI-           |  |  |
| AMENDMENT   | Total  | AMENDMENT                                   | -              | PAID F                                 |   |                  |  |                    |                              | EE         |       |                    | TIONAL<br>FEE   |  |  |
|   | Independent                                    | 120_  | Minus<br>Minus | -34                                    | <u>,                                     </u> | <u>- 0</u>       |  | XS 29              |                              |            | on    | X8-50              |                 |  |  |
| AR  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |  |   |                  |  | X.                 | 1                            |            | ORL   | X: ZAO             |                 |  |  |
|   |  |   |                | · · · · · · · · · · · · · · · · · · ·  |   | <del></del>      | X  | + 180              |                              |            | OR    | + 340              |                 |  |  |
|   | •  |   |                | ٠.                                     |   | /                | <u>.                                    </u> | TOTAL<br>POIT, FEE |                              |            | DR A  | TOTAL<br>DOIT, FEE |                 |  |  |
| _   |  | _   |                |  | _   | _                |  |                    |                              |            |       |                    |                 |  |  |
| ¥   | 1-31-06  | REMAINING AFTER AMENDMENT                   |                | NUMBE<br>PREVIOU                       | SLY   | PRESENT<br>EXTRA | 1,   |                    | ADI                          |            |       | RATE               | ADDI-<br>TIONAL |  |  |
| MO  | Total  | · 36  | Minus          | PAID FO                                | ^   | = (              | $\vdash$                                     | ···                | FE                           |            | -     |                    | FEE             |  |  |
| AMENDMENT   | Independent                                    | • 4   | Minus          | *** 4                                  | 2   | - 7              | -  | X\$25              | <b> </b>                     | 4°         |       | X\$ 50             | /               |  |  |
|   | FIRST PRES                                     | ENTATION OF M                               |                | 1                                      | X4/PD   | -/               | 4°   | R                  | X: 500                       | /          |       |                    |                 |  |  |
|   |  |   |                |  |   | •                | Ŀ  | TOTAL              |                              | o          | R 1   | ිරන                |                 |  |  |
|   | <b>10.1</b>                                    |   |                |  |   |                  |  |                    |                              |            | R AD  | TOTAL<br>OIT. FEE  |                 |  |  |
| ,   | `  | (Column 1) CLAIMS REMAINING                 | T              | (Column                                |   | Column 3)        | _  |                    |                              | _          | _     |                    |                 |  |  |
| _ 1   |  | AFTER<br>AMENDMENT                          | ·              | NUMBER<br>PREVIOUS<br>PAID FOR         | LY  | PRÉSENT<br>EXTRA | R  | ATE                | ADDI                         | T.         | ١,    | RATE               | ADDI-<br>TIONAL |  |  |
|   | Total .  | •   | Minus          | *                                      |   |                  | H.   |                    | FEE                          |            | -     |                    | FEE             |  |  |
|   | ndependent                                     | *   | Minus          | ***                                    |   |                  |  | <b>\$</b> 25       |                              | -IOF       | -     | \$70               |                 |  |  |
| 1   | IRST PRESE                                     | ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                |  |   |                  |  | 100                |                              | OF         | 1     | رعم                |                 |  |  |
| fft   | he entry in colu                               |   | <i>0</i> न्हा  |  | OR  | 4                | 36   |                    |                              |            |       |                    |                 |  |  |
| of the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |  |   |                  |  |                    |                              |            |       |                    |                 |  |  |
| n   | e 'Highest Num                                 | ber Previously Paid                         | For (Total or  | Independent) E                         | s the hi                                      | ghesi number fo  | und in                                       | the appr           | opriate i                    | box in c   | okimn | 1.                 |                 |  |  |